

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 04-17-13

Address: 2000 Blk N 19th Street

Incident #:

Terre Haute IN

County: Vigo

47804

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☒ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☒ Open - No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: _____
☐ Water Reactive Metal (Lithium): _____
☐ Hydrochloric Acid Gas Generator(s): _____
☐ Anhydrous Ammonia: _____
☒ Corrosive Acid: open air
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check appropriate)

- ☐ Yes _____ (number present)
☒ No
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☐ disarray ☐ unclean

Estimated length of time manufacturing had been occurring: _____

Additional Information: _____

This report has been faxed* to the following agencies that serve the location:

Fire Department: THFD

Fax: 812-234-8653

Health Department: YCHD

Fax: 812-234-1010

Department of Child Services: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Dooley

Phone 812-244-2697

* This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.